

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 1:32

DOCUMENT # N17443 (5)
1. Corporation Name
THE CORNERSTONE TELEVISION MINISTRY, INC.

Principal Place of Business Mailing Address
2310 MARTIN LUTHER KING BLVD. 2310 MARTIN LUTHER KING BLVD.
POMPANO BCH. FL 33069 US
POMPANO BCH. FL 33069 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/21/1986** 3a. Date of Last Report **07/08/1994**
4. FEI Number **59-2733101** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **SAME** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASTELLANOS, REV. RICARDO
STREET ADDRESS	2310 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VD
NAME	TAVERRITE, GARY
STREET ADDRESS	5121 NE 29TH AVE.
CITY-ST-ZIP	LIGHTHOUSE PT. FL
TITLE	T
NAME	AMANTIA, WILLIAM P
STREET ADDRESS	7954 VILLA NOVA DR., N.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	JONES, JANIS
STREET ADDRESS	19477 NE 10TH AVE., #504
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	SD
NAME	NEGR, TONI
STREET ADDRESS	600-GE-10TH ST-
CITY-ST-ZIP	POMPANO BCH-FL
TITLE	D
NAME	D'ANGELO, JOSEPH
STREET ADDRESS	1123 SW 5TH ST.
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33069
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33064
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33433
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33179
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KAYLE MILDRED
5.3 STREET ADDRESS	1344 N.W. 42ND CT.
5.4 CITY-ST-ZIP	BOCA RATON, FL 33432
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	33486

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *William Amantia* **Treas.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/95 305/428-9500
Date Telephone #